

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: **2001**

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: Woodridge Housing Authority

PHA Number: NY64

PHA Fiscal Year Beginning: (mm/yyyy) 10/2001

PHA Plan Contact Information:

Name: **Sue Kasofsky**

Phone: **914-434-4451**

TDD:

Email (if available): **kasofsky@catskill.net**

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered:

☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 84,490

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name) **F**
3. In what manner did the PHA address those comments? (select all that apply)
 - ☒ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 - ☐ Yes ☐ No: below or
 - ☒ Yes ☐ No: at the end of the RAB Comments in Attachment **F**.
 - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.
 - ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
Sullivan County (NY State)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
To provide low income housing
 - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

New York State is committed to assisting the Authority in its efforts to maintain and make available affordable housing opportunities to low income families.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Our definition of "Substantial deviation" is defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

B. Significant Amendment or Modification to the Annual Plan:

"Significant amendment or modification" are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Attachment B:**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: Woodridge Housing Authority	Grant Type and Number Capital Fund Program: NY36P064-501-01 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001			
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	0			
3	1408 Management Improvements	5,000			
4	1410 Administration	3,500			
5	1411 Audit	0			
6	1415 liquidated Damages	0			
7	1430 Fees and Costs	11,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	11,200			
10	1460 Dwelling Structures	47,290			
11	1465.1 Dwelling Equipment—Nonexpendable	1,500			
12	1470 Nondwelling Structures	4,000			
13	1475 Nondwelling Equipment	1,000			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1498 Mod Used for Development	0			
19	1502 Contingency	0			
20	Amount of Annual Grant: (sum of lines 2-19)	84,490			
21	Amount of line 20 Related to LBP Activities	0			

Attachment B:**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: Woodridge Housing Authority		Grant Type and Number Capital Fund Program: NY36P064-501-01 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
22	Amount of line 20 Related to Section 504 Compliance	0			
23	Amount of line 20 Related to Security	0			
24	Amount of line 20 Related to Energy Conservation Measures	0			

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Woodridge Housing Authority		Grant Type and Number Capital Fund Program #: NY36P064-501-01 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Management Improvement	1408		5,000				
HA Wide	Administrative Fees	1410		3,500				
HA Wide	A/E Fees	1430.1		5,000				
HA Wide	Consultant Fees	1430.2		6,000				
HA Wide	Appliances	1465.1		1,500				
HA Wide	Maintenance Equipment	1475.2		1,000				
			Subtotal	22,000				
NY64-1-B	Rear Apt. Doors with Screen Doors	1460		37,290				
NY64-1-B	Site Improvement & Speed Bumps	1450		1,200				
NY64-1-A	Site Improvement – Sidewalks	1450		10,000				
NY64-1-A	Boiler Room Alarm System	1470		4,000				
NY64-1-B	Flooring	1460		10,000				
			Subtotal	62,490				
			Total	84,490				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Attachment C:
Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
NY64-1	Woodridge Housing Authority	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
FFY 2002		
Site A: Gutters to Rear Sides of all Buildings	\$ 2,000	10/01/2002
Site A: Boiler Room Upgrade	\$ 4,000	10/01/2002
Site B: Boiler Room Upgrade	\$ 3,200	10/01/2002
Site B: Roof Upgrade (Except Building #4)	\$ 42,890	10/01/2002
Site B: Gutters to Rear Sides of all Buildings	\$ 10,400	10/01/2002
FFY 2003		
Site B: Replace 10 Counter Tops	\$ 7,150	10/01/2003
Site B: Replace Kitchen Cabinets in 10 Units	\$ 52,540	10/01/2003
Site B: Security Camera in Playground	\$ 2,800	10/01/2003
FFY 2004		
Site B: Closet Doors	\$ 50,490	10/01/2004
Site B: Plexiglas Bus Shelter for 15-20 Children	\$ 12,000	10/01/2004
FFY 2005		
Site B: Closet Doors	\$ 62,490	10/01/2005
Total estimated cost over next 5 years		

Required Attachment D:

Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: *Dena Dernbach*

B. How was the resident board member selected: (select one)?

- ☒ Elected
☐ Appointed

C. The term of appointment is (include the date term expires): *Expires On: 09/30/2002*

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment E:

Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Neil Geiser

Celestine Gilliard

Juanita Acosta

Attachment F:

Comments of Resident Advisory Board & Explanation of PHA Response

Capital Improvement Ideas

One resident wanted new upper kitchen cabinets with hood over the stove in the two bedroom apartments at the Mountaindale Road site.

The Woodridge Housing Authority Board will consider this in the future but not in the next five years since there are higher priorities.

ACOP

14.9 Forms for Community Service/Economic Self-Sufficiency

One Resident felt it was not right to insist on a Physician's Certification for Disability, since the Housing Authority already has a letter from the Social Security Administration that the resident is on SSI.

HUD told the Woodridge Housing Authority not to require a Physician's Certification of Disability. Instead, HUD said the Housing Authority should get a third party verification from Social Security verifying that the resident is blind or disabled according to the definition under section 216(I)1 or 1614 of the Social Security Act (42 U.S.C.416(I)(1);1382c.

18.4 Pets at Mountaindale Road Site – Types and Number of Pets

One resident said it is not fair that we will allow cats and not dogs.

One resident asked that dogs be allowed and limited in size to eight pounds at full growth so that these small dogs would urinate and have bowel movements in a litter box.

Another resident said that not everyone would be responsible for caring for their small dog's needs indoors.

One resident said that it was easier to take of cats' needs inside.

Another resident said that cats smell.

One resident said we should require cats to be declawed so they would not scratch up the apartment.

One resident said cats should be allowed to go outside to relieve themselves instead of using a litter box.

The board said that maintenance was much easier on the grounds for cats since cats would be required to use a litter box in the apartment and keep the cat on a leash outside. The Mountaindale Road site has 30 units with a much larger lawn and parking area than the Maple Avenue site with 10 units. The Mountaindale Road site would be difficult for one maintenance person to keep clean of dog feces.

The Board said that there might be some owners of eight-pound dogs who would not have the dogs use a litter box and therefore could cause a lot of damage in the apartment.

HUD informed the Housing Authority that it would not be legal to require pet owners to declaw their cats, but we could require a scratching post.

Attachment G:
Resident Assessment Follow Up Plan

This is required Attachment to our Agency Plan. The following factor needs to be addressed.

Safety

The Housing Authority's plan is to further our partnership with the local police. We will meet with police officials every two months to discuss criminal activity. We have employed an A/E firm that has reviewed the grounds and apartments, and they looked at areas that affect physical security such as door and window security. Needed door and window security measures have been included in our 5 Year Action Plan of the Capital Fund Program. The Housing Authority has put into the Lease and ACOP the options of renting to police officers so that their presence can help deter crime. The Housing Authority will schedule a meeting with residents to ask for their suggestions in improving safety at the Housing Authority. The Housing Authority is not eligible to receive PHDEP.

The Housing Authority will closely monitor its application pool for those applicants with criminal pasts and will exclude those found to be ineligible from admission.

Attachment H: **Implementation of Public Housing Resident Community Service requirements**

Currently, the Woodridge Housing Authority has 2 residents that are required to perform community service. In the event that any resident is found to be required to provide such service, the following policy will be utilized:

1.1 General

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities) or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement

1.2 Exemptions

The following adult family members of tenant families are exempt from this requirement:

Classification	No.	Exemption
Age	1	62 years and older.
	2	Below the age of 18.
Disability	3	Blind as defined by 42 USC §416(i)(1) or §1382c. Note also the statutory requirement that the individual also be <i>unable</i> to provide community service or participate in self-sufficiency programs. Under HUD's Final Rule, residents are authorized to <i>self-certify</i> that they are unable to provide community service or participate in self-sufficiency training due to disability or blindness. 65 Fed. Reg. At 16711.
	4	Physically or mentally disabled as defined under 42 USC §416(i)(1) or §1382c. Note also the statutory requirement that the individual also be <i>unable</i> to provide community service or participate in self-sufficiency programs. Under HUD's Final Rule, residents are authorized to <i>self-certify</i> that they are unable to provide community service or participate in self-sufficiency training due to disability or blindness. 65 Fed. Reg. At 16711.
	5	Public housing residents who act as caretakers for blind or disabled public housing residents. Two caretakers will be allowed for each blind or disabled person.
Work	6	Unsubsidized employment.
	7	Subsidized private sector employment.
	8	Subsidized public sector employment.
	9	Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available. This would include participants in local <i>YouthBuild</i> programs.

	10	On-the-job training.
	11	Job search and job readiness assistance.
	12	Community service programs.
	13	Provision of childcare services to an adult with a child below the age of thirteen in order to permit the adult to provide community service or engage in work. Under this exemption, where there are two adults in a family, and a child below the age of thirteen, one may provide childcare allowing the second adult to perform community service or to be employed.
Education	14	Vocational education training (not to exceed 12 months with respect to any individual).
	15	Job skills training directly related to employment.
	16	Education directly related to employment, in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency.
	17	Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such certificate.
Welfare	18	Public housing residents who participate in a local welfare <i>Work Experience Program (WEP)</i> .
	19	Residents who meet the requirements of the local welfare for not having to engage in a work activity. This determination should be made by the local welfare agency; not by the PHA.
	20	The individual is a member of a family receiving welfare assistance and the family has been found to be in compliance with the local welfare program.

1.3 Notification of the Requirement

The Woodridge Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The Woodridge Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Woodridge Housing Authority shall verify such claims. Family members shall be given verification forms for education/job training, blind or disabled, caretaker for blind or disabled, and childcare provider.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after October 1, 2000. For families paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

1.4 Volunteer Opportunities

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Woodridge Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the resident advisory council, the Woodridge Housing Authority may create volunteer positions such as planting and caring for flowers, after school playground supervision, busstop supervision of elementary children in morning and afternoon, after school afternoon supervision of children's activities in the community room, litter patrols, and supervising and record keeping for volunteers.

1.5 The Process

Upon admission, or at the first annual reexamination on or after October 1, 2000, and each annual reexamination thereafter, the Woodridge Housing Authority will do the following:

- A. Provide a list of volunteer opportunities to the family members.
- B. Provide information about obtaining suitable volunteer positions.
- C. Provide a community service/economic self-sufficiency verification card to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.
- D. Inform the nonexempt residents that they will each have a full year from the date of annual reexamination to achieve 96 hours of service.
- E. Thirty (30) days before the family's next lease anniversary date, the

Woodridge Housing Authority will review the community service/economic self-sufficiency verification card(s) and determine whether each applicable adult family member is in compliance with the community service requirement.

1.6 Notification of Non-compliance with Community Service Requirement

The Woodridge Housing Authority will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

1.7 Opportunity for cure

The Woodridge Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns go toward the current commitment until the current year's commitment is made.

The Executive Director will assist the family member in identifying volunteer opportunities and will track compliance 30 days before the next lease anniversary date.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service, the Woodridge Housing Authority shall take action to terminate the lease.

1.8 PROHIBITION AGAINST REPLACEMENT OF AGENCY EMPLOYEES

In implementing the service requirement, the Woodridge Housing Authority may not substitute community service or self-sufficiency activities performed by

residents for work ordinarily performed by its employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

1.9 FORMS FOR COMMUNITY SERVICE/ECONOMIC SELF-SUFFICIENCY VERIFICATION CARD AND VERIFICATION FORM

Woodridge Housing Authority
Community Service / Economic Self-Sufficiency
Verification Card

Name:	Social Security No.	
Address:	Apt:	
City:	State:	Zip:
Development Name:		

Notice to Residents

In order to demonstrate your compliance with the eight-hour monthly community service requirement, or your participation in a similar period of economic self-sufficiency activities, it is necessary that the party supervising your service or providing self-sufficiency training, sign this card to verify your service / attendance. The card should be signed on *every* occasion that service is rendered or training is attended. Hours should be rounded to the nearest full half hour. **These cards are the only proof of service or attendance that the Housing Authority can accept.**

All Verification Cards should be retained with other important documents for submission as part of your family's annual income review.

Additional Verification Cards are available from the Housing Authority.

WARNING: To guard against fraud, the Housing Authority will periodically contact the parties signing this card to verify the statements made. **It is a criminal offense, punishable under federal and local law, to provide false information or to make a false statement.**

Date	Type of Service / Training Provided	Hours	Vendor's Name	Supervisor's Signature
				Print:
				Sign:
				Print:
				Sign:
				Print:
				Sign:
				Print:
				Sign:
				Print:
				Sign:
				Print:
				Sign:
				Print:
				Sign:
				Print:
				Sign:
				Print:
				Sign:
				Print:
				Sign:
				Print:
				Sign:
Total Hours		<div style="display: inline-block; width: 100px; height: 40px; border: 2px solid black; margin: 0 auto;"></div>		

Woodridge Housing Authority Community Service - Disability Verification

Name:		Social Security No.
Address:		Apt:
City:	State:	ZIP:
Development Name:		

Notice to SOCIAL SECURITY ADMINISTRATION

The person listed above is a resident of this Housing Authority. A recent change in federal law requires adult residents to provide eight hours of community service or engage in a similar period of economic self-sufficiency training. In that regard, the resident named above requests that you verify his/her eligibility for an exemption from community service or self-sufficiency participation based on blindness or disability as defined below.

This certification is required before the Housing Authority may grant an exemption.

Definitions

Blind – An individual is blind when central visual acuity is 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having central visual acuity of 20/200 or less.

Disabled – An individual is disabled when he / she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months.

SOCIAL SECURITY ADMINISTRATION Certification

The Social Security Administration verifies that the above named individual is:

☐ BLIND OR

☐ DISABLED

as above defined.

Please verify whether it is a PERMANENT DISABILITY by circling YES OR NO

SIGNATURE _____ DATE _____

PLEASE ATTACH SOCIAL SECURITY ADMINISTRATION LETTERHEAD TO THIS SHEET.
AND RETURN THE FORM IN THE SELF ADDRESSED STAMPED ENVELOPE TO:

WOODRIDGE HOUSING AUTHORITY
PO BOX 322
WOODRIDGE, NY 12789

<i>Woodridge Housing Authority</i> Community Service - Disabled / Blind Self Certification

Name:		Social Security No.
Address:		Apt:
City:	State:	ZIP:
Development Name:		

Federal law now requires adult residents of public housing to provide eight hours of community service or to engage in a similar period of economic self-sufficiency training. Exemptions from this requirement are available to individuals who are either blind or disabled and are unable to perform community service or participate in an economic self-sufficiency program due to their blindness or disability.

Regulations of the U.S. Department of Housing and Urban Development authorize blind or disabled residents of public housing to certify that they are unable to perform community service or participate in self-sufficiency programs due to such blindness or disability. 24 CFR §960.601(b)(2)(i). Execution of this certification is required before the Housing Authority may grant an exemption from the resident's obligation to perform community service or participate in a program leading towards economic self-sufficiency.

(Housing Authority staff: Check each statement that applies.)

_____ *The person listed above is a resident of this Housing Authority and currently resides at the address set out above.*

_____ *The Housing Authority staff member whose signature appears below either personally knows the identity of such individual or has ascertained that identity by being shown a minimum of two forms of identification.*

_____ The Housing Authority staff member has read the warning that appears in the box below to the resident whose name appears above and the resident has acknowledged that he / she understands the warning.

_____ Housing Authority's records currently include a physician's certification or other evidence stating that the resident named above is either blind or disabled as such terms are defined by §216(i)(1) or §1614 of the Social Security Act, 42 USC §416(i)(1) or §1382c.

The individual above named, by signing below, certifies that by virtue of their current blindness or disability, they are unable to either perform community service or to participate in any economic self-sufficiency programs.

NOTE: To avoid incidents of fraud, representatives of the Housing Authority will check its records and may contact you to verify the truth of the statements made above. ***Warning:*** **Providing false statements or information is a criminal offense punishable under federal and local laws.**

Dated: _____, 20 ____.

Signature (individual above named or their legal representative)

Witnessed: (Signature of Housing Authority staff member)

(Print Name of Housing Authority staff member)

Woodridge Housing Authority Community Service - Education / Job Training Exemption Verification Form

Name:		Social Security No.
Address:		Apt:
City:	State:	ZIP:
Development Name:		

Notice to Employer / Educational Institution / Job Training Provider

The person listed above is a resident of this Housing Authority. A recent change in federal law requires adult residents to provide eight hours of community service or engage in a similar period of economic self-sufficiency training. In that regard, the resident named above requests that you verify his/her eligibility for an exemption from community service or self-sufficiency participation based on his or her being engaged full time in a qualifying educational activity, job training, job search or a work activity.

This certification is required before the Housing Authority may grants an exemption to the individual above named.

Employer / Educational Institution /Job Training Provider Certification

(Name of Institution) _____, an institution providing one of the services below (*check applicable box which best identifies your program/activity*) hereby certifies that the above named individual is currently participating in the program or activity on a **full time** basis.

<input type="checkbox"/> Vocational educational training (not to exceed 12 months).
<input type="checkbox"/> Job skills training directly related to employment.
<input type="checkbox"/> Education directly related to employment, in the case of an individual who has not received a high school diploma or a certificate of high school equivalency.
<input type="checkbox"/> Full time attendance at secondary school or higher.
<input type="checkbox"/> Full time attendance in a course of study leading to a certificate of general equivalence, if the resident has not completed secondary school or received such a certificate.
<input type="checkbox"/> Work experience (including work associated with the refurbishment of publicly assisted housing) if sufficient private sector employment is not available.
<input type="checkbox"/> On-the-job training.
<input type="checkbox"/> Job search and job readiness assistance – not to exceed 6 weeks during any calendar year. <i>Job readiness assistance</i> includes the following criteria: a) Training in job-seeking skills; b) Training in the preparation of resumes or job applications; c) Training in interviewing skills; d) Participating in a job club; or e) Other related activities that may assist an individual to secure competitive employment.

NOTE: To avoid incidents of fraud, representatives of the Housing Authority may contact your office to verify statements made in this regard. Warning: Providing false statements or information is a criminal offense punishable under federal and local laws.

Dated: _____, 20____. Signature: _____

Title of person signing: _____

Name of Institution: _____

Address: _____
City: _____ State: _____ ZIP: _____
Office Telephone: (_____) _____

Note to Institution: To assist our efforts to avoid fraud, we ask that you staple this form to a sheet of your institution's letterhead, mark it "VOID" and sign and date the letterhead. Return the completed form to the resident for submission.

Woodridge Housing Authority Community Service - Caretaker Verification Form
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Name:		Social Security No.
Address:		Apt:
City:	State:	ZIP:
Development Name:		

Notice to Person / Parent / Guardian of Individual Receiving Care

The person listed above is a resident of this Housing Authority. A recent change in federal law requires adult residents to provide eight hours of community service or engage in a similar period of economic self-sufficiency training. In that regard, the resident named above requests that you verify his/her eligibility for an exemption from community service or self-sufficiency participation based on their status as your caretaker.

This certification is required before the Housing Authority may grants any exemption.

Primary Caretaker for the Blind or Disabled Certification
--

(Print Name of Person Receiving Care) _____,
 Address _____,
 Apartment # _____, City _____,
 Development _____,
 Telephone (_____) _____

I am an authorized resident of this apartment and I qualified for an exemption from Community Service due to blindness or disability. I certify that the individual named at the top of this page is one of my primary caretakers. I understand that a primary caretaker must provide no less than 20 hours of care per week.

Dated: _____, 20____.

Signature (of Blind or Disabled resident, or their guardian)

<p>NOTE: To avoid incidents of fraud, representatives of the Housing Authority will check its records and may contact you to verify the truth of the statements made above. Warning: Providing false statements or information is a criminal offense punishable under federal and local laws.</p>
--

Woodridge Housing Authority

Community Service - Childcare Verification

Name:		Social Security No.
Address:		Apt:
City:	State:	ZIP:
Development Name:		

Notice to Person / Parent / Guardian of Individual Receiving Care

The person listed above is a resident of this Housing Authority. A recent change in federal law requires adult residents to provide eight hours of community service or engage in a similar period of economic self-sufficiency training. In that regard, the resident named above requests that you verify his/her eligibility for an exemption from community service or self-sufficiency participation based on their provision of childcare.

This certification is required before the Housing Authority may grants any exemption.

Childcare Provider Certification

(Print Name of Parent or Guardian of the Child Receiving Care)

_____,
(Print Name of the **Child** Receiving Care) _____,

Address _____,

Apartment # _____, City _____,

Development _____,

Telephone (_____) _____

I am an authorized resident of this public housing apartment and I currently performing required Community Service, **OR** have already qualified for an exemption from Community Service due to my work, educational or job training activity. I hereby certify that I have a child named above, under the age of six who is authorized to reside in my apartment and that the individual named at the top of this page provides **childcare** for my child.

Dated: _____, 20____.

Signature (of Parent or Guardian of the Child Receiving Care)

NOTE: To avoid incidents of fraud, representatives of the Housing Authority will check its records and may contact you to verify the truth of the statements made above. ***Warning:*** **Providing false statements or information is a criminal offense punishable under federal and local laws.**

Status Update

Two persons are required to have to perform community service. By July 1, 2001, appropriate job assignments will be assigned and the Housing Authority will track participant compliance with community service mandates.

Attachment I.

P/E REPORT (2000 CFP) – 03/31/2001

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)					
Part I: Summary					
PHA Name: Woodridge Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY36P064-501-00 Replacement Housing Factor Grant No: N/A			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: #1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations	0	0	0	0
3	1408 Management Improvements Soft Costs	5,000	5,000	0	0
	Management Improvements Hard Costs	0	0	0	0
4	1410 Administration	3,500	3,500	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	11,000	11,000	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	24,853	60,853	53,707	0
10	1460 Dwelling Structures	36,000	0	0	0
11	1465.1 Dwelling Equipment—Non-expendable	1,500	1,500	0	0
12	1470 Nondwelling Structures	0	0	0	0

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: <div style="text-align: center; font-weight: bold;">Woodridge Housing Authority</div>		Grant Type and Number Capital Fund Program Grant No: NY36P064-501-00 Replacement Housing Factor Grant No: N/A			Federal FY of Grant: <div style="font-weight: bold;">2000</div>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: #1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
13	1475 Nondwelling Equipment	1,000	1,000	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1502 Contingency	0	0	0	0
	Amount of Annual Grant: (sum of lines.....)	82,853	82,853	53,707	0
	Amount of line XX Related to LBP Activities	0	0	0	0
	Amount of line XX Related to Section 504 compliance	0	0	0	0
	Amount of line XX Related to Security –Soft Costs	0	0	0	0
	Amount of Line XX related to Security-- Hard Costs	0	0	0	0
	Amount of line XX Related to Energy Conservation Measures	0	0	0	0
	Collateralization Expenses or Debt Service	0	0	0	0

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Woodridge Housing Authority			Grant Type and Number Capital Fund Program Grant No: NY36P064-501-00 Replacement Housing Factor Grant No: N/A				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
NY64-1	Management Improvement		1408	N/A	5,000	5,000	0	0	Planning Phase
NY64-1	Administrative Fees		1410	N/A	3,500	3,500	0	0	Planning Phase
NY64-1	A/E Fees		1430.1	N/A	5,000	5,000	0	0	Planning Phase
NY64-1	Consultant Fees		1430.2	N/A	6,000	6,000	0	0	Planning Phase
NY64-1	Appliances		1465.1	N/A	1,500	1,500	0	0	Planning Phase
NY64-1	Maintenance Equipment		1475.2	N/A	1,000	1,000	0	0	Planning Phase
NY64-1	Screen Doors (Rear)		1460	100%	36,000	0	0	0	Eliminated
NY64-1	Replace Sidewalks		1450	100%	13,653	0	0	0	Eliminated
NY64-1	Speed Bumps		1450	100%	1,200	0	0	0	Eliminated
NY64-1	Site Erosion		1450	100%	10,000	0	0	0	Eliminated
NY64-1	99/00: Drainage Upgrade		1450	100%	0	59,353	53,707	0	In Process
NY64-1	Benches		1450	100%	0	1,500	0	0	Design Phase
				Total	82,853	82,853	53,707	0	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

